

SENATE BILL 1185

By Black

AN ACT to amend Tennessee Code Annotated, Title 56,
Chapter 7, relative to health insurance coverage of
infertility treatments.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 26, is amended by
adding the following as a new, appropriately designated section:

§ 56-7-2607.

(a) As used in this section, unless the context otherwise requires:

(1) "Infertility" means either the presence of a demonstrated condition in
either a man or a woman that is recognized by a licensed physician and surgeon
as a cause of infertility, or the inability to conceive a pregnancy, to produce
conception in a spouse, or to carry a pregnancy to a live birth after a year or
more of regular sexual relations without contraception.

(2) "Infertility treatment" means procedures consistent with established
medical practices in the treatment of infertility by licensed physicians and
surgeons including, but not limited to, diagnosis, diagnostic tests, medication,
surgery, and in vitro fertilization.

(3) "In vitro fertilization" means the laboratory and medical procedures
involved in the fertilization of a human egg outside of the human body and the
attempted implantation of the fertilized egg in the human body.

(b)

(1) Notwithstanding any other provision of law to the contrary, any
individual, franchise, blanket or group health insurance policy, medical service
plan contract, hospital service corporation contract, hospital and medical service

corporation contract, fraternal benefit society, health maintenance organization, preferred provider organization, or managed care organization which provides hospital, surgical, or medical expense insurance shall offer and make available under any such policy, contract, or plan coverage for infertility treatment to the same extent as coverage is provided for other pregnancy related benefits.

(2) The provisions of this section are applicable to all health benefit policies, programs, or contracts which are offered by commercial insurance companies, nonprofit insurance companies, health maintenance organizations, preferred provider organizations, and managed care organizations, and which are entered into, delivered, issued for delivery, amended, or renewed after January 1, 2008.

(3) Reimbursement for infertility treatment shall be determined according to the same formula by which charges are developed for other medical and surgical procedures. Such coverage shall have durational limits, dollar limits, deductibles, copayments, and coinsurance factors that are no less favorable than for other types of treatment for physical illness or disease generally. Standards and criteria used by insurers to approve or restrict access to infertility treatments, and standards for services, clinical facilities and healthcare providers made available to insureds, shall be based upon clinical guidelines recognized by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists. Nothing in this section shall be construed to prevent an insurer from approving only less expensive infertility treatments where the clinical guidelines outlined above indicate those infertility treatments are effective based upon the insured patient's particular medical condition.

(4) Nothing in this section shall be construed to prohibit any insurer from providing medical benefits greater than or more favorable to the insured than the benefits established pursuant to this section.

(5) Nothing in this section shall be construed to require any insurer that is owned by or that is a subsidiary of a religious organization to offer coverage for in vitro fertilization if such coverage is inconsistent with that religious organization's religious and ethical principles.

(6) The provisions of this section shall not apply to short term travel policies, short term nonrenewable policies of not more than six (6) months' duration, accident only policies, limited or specific disease policies, contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or governmental plans, including the TennCare program.

SECTION 2. This act shall take effect on January 1, 2008, the public welfare requiring it.